SENATE BILL No. 372

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-17.5.

Synopsis: Health insurance preauthorization procedure. Requires the department of insurance to prescribe a standard preauthorization procedure that must be used by an insurer or a health maintenance organization concerning whether a proposed health care service that a provider proposes to provide to an insured or enrollee is covered.

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Effective: July 1, 2007.

Simpson

January 11, 2007, read first time and referred to Committee on Health and Provider Services.

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2007

First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

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SENATE BILL No. 372

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A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

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Be it enacted by the General Assembly of the State of Indiana:

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[SECTION 1. IC 27-8-17.5 IS ADDED TO THE INDIANA CODE
2	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2007]:

Chapter 17.5. Preauthorization for Reimbursement

- Sec. 1. The definitions in IC 27-13-1 apply throughout this chapter.
- Sec. 2. As used in this chapter, "insurer" means an insurer (as defined in IC 27-1-2-3) that issues a policy of accident and sickness insurance.
- Sec. 3. As used in this chapter, "policy of accident and sickness insurance" has the meaning set forth in IC 27-8-5-1.
- Sec. 4. As used in this chapter, "preauthorization" means a determination by:
 - (1) an insurer concerning whether a proposed health care service that a provider proposes to provide to an insured is covered under the policy of accident and sickness insurance; or



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1	(2) a health maintenance organization concerning whether a	
2	proposed health care service that a provider proposes to	
3	provide to an enrollee is covered under the individual contract	
4	or the group contract;	
5	before the health care service is provided.	
6	Sec. 5. (a) The department shall prescribe a standard	
7	preauthorization procedure that must be used by an insurer or a	
8	health maintenance organization.	
9	(b) The procedure prescribed under subsection (a) must be	
10	automated to the extent possible.	
11	Sec. 6. The department may adopt rules under IC 4-22-2	
12	necessary to implement this chapter.	
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